AN INTERESTING CASE OF PARAPLEGIA WITH RECKLINGHAUSEN'S DISEASE. Maryland Medical Journal, February, 1903.

Patient, female, fifty-one years. No similar condition in family. Always noted certain tumors on her body. Pigment spots also have been observed on skin. Present illness five years' duration. Commenced with stinging pain in ankle, recurring, and gradually extending up leg, involving lower back, then down into other leg. Two years ago similar pains in arms. Commenced to drag one foot. Confined to bed past year, unable to move herself. For some weeks, marked weakness of arms. Jerking of the muscles constant from the first. At times singing in the ears. Dysphasia for past six months, voice now thick and nasal. Catheterization necessary daily. At first no bladder symptoms. Examination reveals great number of tumors, small, from papule to size of cherry, covering body and extremities. Many pigmented areas; also bluish spots. Associated with growths are certain subjective sensory symptoms. The cranial nerves negative; tongue, however, exhibits fibrillary tremors. A condition of muscular atrophy seen in upper extremities. Paralysis of legs, up to and including hip. Patient can move toes of right foot and abduct great toe of left foot. Ankles flaccid. Great atrophy of legs. Deep reflexes of arms retained, those of legs lost. Electrical reactions good except in hand. In the legs only slight response in muscles which are still active. Sensation unimpaired except over tumors. The lesion in this case apparently is extending upward. There is a failure in mental strength. J. E. CLARK (New York).

CONTRIBUTIONS TO THE TUBERCULOUS DISEASES OF THE PONS. Schoeler (Klinische Monatsblätter für Augenheilkunde, XL, No. 2, p. 313, 1902).

The author quotes the histories of three patients, two being adults and one a child, in whom, upon post-mortem examination, tubercles were found on the pons, about the size of pigeons' eggs. In all three cases marked conjugate deviation of the eyes and optic neuritis were found. In one of the patients, who suffered from violent headache, a lumbar puncture was performed; he continued to get worse and died a few days later. According to the author a lumbar puncture should not be performed, if it is assumed that the tumor is deep seated, so as not to cause an increased pressure upon the brain below. After considering the literature on the subject of diseases of the pons, the author states that the characteristic sign of such disease is conjugate deviation of the eyes. Rarely there is limitation of the upward and downward ocular movements. The second characteristic sign is the "Gubler-Millard hemiplegia," the alternating paralysis of the facial nerve and the paralysis of muscles of the extremities or trunk on the opposite side. Ptosis has frequently been found, as well as paralysis of the auditory nerve. DINKELSPIEL (Philadelphia).

THE SURGICAL IMPORTANCE OF INFLUENZA. I. Perez (Deut. Zeitsch. f. Chir., November, 1902).

In a very long article of this title the author draws his conclusions from a review of no less than 520 papers, as well as from his own voluminous experiments on the subject. The more important are as follows: Influenza is a remarkable protean disorder which possesses the highest toxic character, and whose specific cause is the bacillus of Pfeiffer. This bacillus lodges, and causes the characteristic pathologic changes so well known, but often so variable, in almost all the organs, but more particularly in those which, because of the nature of the protoplasm, are most liable to inflammatory processes. The influenza toxins take hold particularly on the central and peripheral nervous system, where they cause either a simple catarrhal process or even purulent, never, however, producing a fibrinous change. The polymorphism of this sickness depends on the location of the infection as well as upon the extent of involvement. Pfeiffer's bacillus enters through the usual paths, viz.: the mucous membrane, the skin, the vascular system, and so on. The course of the sickness depends on the strength of the organism more than upon the path of entry. If the bacilli are introduced in small numbers, they are apt to remain locally. If, however, in great quantities, or if the organism is extremely prostrated at the time of infection, then certain more or less pronounced changes take place, which, in the early stages, present the appearance of a profound toxemia, as a result of which the individual may perish in a short time—from one to three days. On the other hand, however, in the case of a localized inflammation which sometimes appears with great suddenness in several organs at once, there may be present toxic evidences of a subacute nature. In these cases the patient lasts a longer time, from twenty to sixty days, dying finally from marasmus. The influenza bacillus remains for only a short time in the blood stream, being swept by this current into the various organs. It is only on rare occasions that its presence in the blood can be demonstrated. The skin is the most marked region where one expects to find the peculiar changes characteristic of the infection of Pfeiffer's bacillus. They are very varied. In the derma abscess formation is common. In the mouth, the pharynx, the larynx, the trachea and bronchial system the bacillus usually produces a catarrhal inflammation. In the nasal mucous membrane this may be either simple or purulent, and may even progress so far as to form abscesses and hemorrhages. It is in the middle ear, however, that the influenza germ finds its real home. Here it develops and frequently produces empyema of the antrum with the direful sequelæ of meningeal involvement. In the osseous system the bacillus may produce a hypotrophic periostitis as well as suppurative ostitis. In the joints infection of this type usually produces simple serous inflammation, but elsewhere it may become purulent. Even the muscles are not exempt from its inroads, and a suppurative myositis is often met with in the course of influenza infections. In the peripheral nervous system the infection produces degenerative inflammatory changes which may give rise to single or multiple neuralgias or pareses. In the alimentary canal one may frequently find gastro-enteritis, which occasionally proceeds to suppuration, not infrequently producing periappendicular abscesses which too often go on to death from suppurative peritonitis. In the liver a periphepatitis and hyperemia, as well as interstitial hepatitis with necrosis of the liver cells, and possible abscess formation, are to be looked for. In the female generative organs the bacillus of Pfeiffer gives a hemorrhagic endometritis, a salpingitis, a catarrhal vaginitis which may sometimes be purulent. In the ovary alone it appears never to produce any change. In the early months of pregnancy, however, it is prone to produce abortion. An excellent example of symbiosis exists between the staphylococci and Pfeiffer's bacilli, in which the human body is the loser. Any region which has been previously invaded by the first-named germ seems peculiarly suited to harbor the second, and this would appear to be one of the most frequent aids for the entry of the influenza germ. In establishing a diagnosis of influenza infection, the microscopic investigation of the discharge is of the highest worth, and it is characteristic that the bacillus is found almost always within the cells. The serum taken from animals infected with influenza produces a moderate agglutination reaction, but this is not sufficiently constant to be of marked diagnostic value. One important differential diagnosis to be made is whether a given case is pure influenza infection or contaminated with the pneumococcus, this combination being frequent and virulent. There is no such thing as passive immunity for influenza, only a moderate and rapidly vanishing active immunity seeming to be produced. It will be seen that many of these conditions, which should now be recognized as due to Pfeiffer's bacillus, are too often classified under the old and unscientific name "rheumatism." JELLIFFE.